

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-029332

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 248

Primary Registration District No. 5843

Registrar's No. 12

FILED JUL 17 1963

1. PLACE OF DEATH

a. COUNTY Newton

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Newton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Rural

Length of stay in 1b
48 yrs

c. CITY OR TOWN Rural

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Route 4, Joplin

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Route 4, Joplin

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last
Whilemine Sara Sandtorf

4. DATE OF DEATH Month Day Year
July 10 1963

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1-14-1885

9. AGE (last birthday) 78

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Own home

11. BIRTHPLACE (City and state or country)
Wimbledon, N. D.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John W. Kempf

13b. MOTHER'S MAIDEN NAME

Amelia

14. NAME OF HUSBAND OR WIFE

Peter O. Sandtorf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Peter O. Sandtorf, Rt. 4, Joplin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH
2 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Occlusion

5 minutes

DUE TO (c)

Cholesterolemia

5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour s.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 9, 1963, to July 10, 1963 and last saw her alive on July 9, 1963
Death occurred at 1:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. D. Martens, D.O.

22b. ADDRESS

1702 Joplin St. Joplin, Mo. 64501

22c. DATE SIGNED

7-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
7-13-1963

23c. NAME OF CEMETERY OR CREMATORY

Muncy Chapel Cemetery, near Fairview, Missouri

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

STEVE PARKER MORTUARY, JOPLIN, MISSOURI

25. DATE RECD. BY LOCAL REG.

7-13-1963

26. REGISTRAR'S SIGNATURE

Mrs. Irene Russell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59
1 0130
2 0730
3
4 /
5 /
6
7 /
8 2
9 289.0
10
11
12 90-2
13 5-0

3-25-64

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert P. York

Licensed Embalmer No. 5193

P. O. Address Galien, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.